The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXI APRIL, 1965 NO. 4

ANNUAL MEETING

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

APRIL 27, 1965

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1414 STATE STREET — SPRINGFIELD, MASS.

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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THE HAMPDEN HIPPOCRAT, APRIL, 1965

EDITORIALS

HAMPDEN SCORES AGAIN

The most significant event of 1964-65 was the 125th Anniversary observed so auspiciously on Febraury 2, 1965. Of this there is little doubt.

The brilliance of this event, however, must not divert our attention entirely from the numerous other activities which combined to give Hampden one of its busiest and most fruitful seasons. One need but mention the polio vaccination program; the creation of a Scholarship Committee; the revitalization of the Speakers' Bureau; the T-V programs; the medico-press conference; the newspaper ads in behalf of Eldercare; Diabetes Prevention Week; headquarters expansion; etc., etc.

What is often overlooked is that each of these achievements epitomizes

ANNUAL MEETING APRIL 27 (See Page 9)

many meetings, many trips to Boston and Chicago, and many hours of hard work on the part of many people. The administration of "Ted" Miner and his co-officers will unquestionably go down in history as one of the most energetic in the annals of Hampden. But as the saying goes: "Officers may run a Society but it is committees that make it." In this respect again Hampden has been most fortunate. The several annual reports carried in this issue of the Hippocrat testify to the industry and dedication of our committee men and especially their chairmen. We must be mindful also that many of our accomplishments were facilitated enormously by the invaluable service and assistance rendered by our Woman's Auxiliary.

HOW DO WE RATE?

In this day of preoccupation with the physician's image, it is interesting to learn that according to a recent survey our profession outranks all others in prestige, except that of supreme court justice.

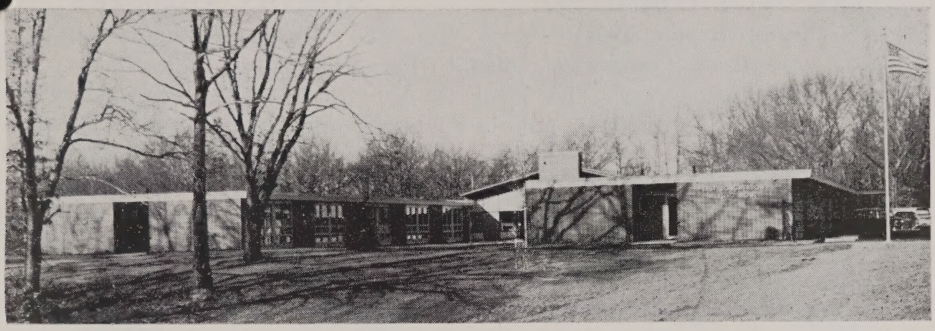
This conclusion, reached not long ago by the University of Chicago's National Opinion Research Center, is published in a report entitled "Occupational Prestige in the United States: 1925-1963." Ranking the relative status of 90 occupations it lists the first nine in the following order: supreme court justice (1), physician (2), nuclear physicist (3.5), scientist (3.5), government scientist (5.5), state governor (5.5), cabinet member in the federal government (8), college professor (8), and U. S. representative in Congress (8).

What is perhaps of even greater significance is that two recent college polls show that college students also place medicine at or near the top of the list. This is not only flattering but also encouraging. It means that our profession will continue to attract a sufficient number of young men and women to provide this nation with an adequate supply of top notch physicians for many years to come.

There is little danger that all these polls and surveys will turn our heads. Medicine is altogether too humbling a profession to allow its practitioners to succumb to praise and commendation. If anything these ratings might well motivate us to make ourselves all the more deserving of the esteem and confidence of our patients.

The only reason for mentioning these surveys at all is to indicate that our image in the eyes of the public is obviously far from being as unfavorable as some would have us believe.

M.M.



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EXECUTIVE COMMITTEE
(Annual Report, 1965)

The Executive Committee met monthly during the year. The loyal members of this committee put in three to four hours per month grinding out the business of the Society which has increased many fold in the past three years.

Highlights of these meetings are published in the Hippocrat and important decisions are brought to the attention of the membership by means of the Newsletter.

Under the able direction of President Miner, the committee has functioned smoothly and efficiently.

The duties of all committees have been outlined and the list of committees, streamlined.

Much time was devoted to directing information on Kerr-Mills aid and more recently on Eldercare.

Another highlight was the decision to use the funds derived from the polio program for scholarship purposes.

In its capacity as Grievance Committee, decisions were made on twenty-one complaints. Eight complaints involved emergency wards, (apparently many patients feel that treatment by the physician is free or is so trivial that it should be free) ; five were complaints relative to fees ; four complaints were about physicians refusing to make house calls ; and four complaints involved ethics.

The dedicated physicians serving on the Executive Committee deserve a vote of thanks and the support of the membership.

Harry N. Memery, M.D.,
Secretary

WOMAN'S AUXILIARY
March Highlights

On March 2nd, the Auxiliary met at Vincent's Hillhouse for a luncheon meeting arranged by Mrs. Robert Moriarty and Mrs. John Flahive.

Dr. Karel Susat of Holyoke, guest speaker, spoke of the advantages of the Eldercare Bill over the Medicare Bill under Social Security. Dr. Susat spoke from personal experience as he was a doctor in Czechoslovakia, under government controlled medicine, before coming to the United States.

The main speaker was Mrs. Louise Morse of Newbury, Mass., CARE volunteer representative, who has travelled all over the world in this capacity. She showed slides and talked about her recent visit to a Jordanian Hospital which serves many of the Arab refugees. She was an entertaining speaker and told many humorous stories of her experiences.

Many members of the Auxiliary opened their homes during the last two weeks in March for a series of coffee hours. Through the efforts of Mrs. Emanuel Wiedman, President, and Mrs. Setrag Zacarian, Legislation Chairman, these coffee hours were organized to more fully inform friends and neighbors of the proposed Eldercare Bill sponsored by the AMA. A sound recording by Dr. Donovan Ward, President of the AMA, was made available for use, pamphlets were distributed, and issues discussed. All persons contacted were urged to write to their Senators and Congressmen.

Mrs. Fred Ziter
Publicity to the Hippocrat

The opinions expressed in The Hippocrat do not necessarily represent the Official viewpoint of the Hampden District Medical Society.

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COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 27, 1965

EXECUTIVE COMMITTEE MEETINGS: APRIL 20 and MAY 25

ACADEMY OF MEDICINE, MAY 11 (Page 21)

AMERICAN DIABETES ASSOCIATION, NEW YORK CITY, JUNE 19-20

AMERICAN ACADEMY OF PEDIATRICS,
BAL HARBOUR, FLA., APRIL 26-29

M.M.S. ANNUAL MEETING, BOSTON, MAY 18, 19, and 20

A.M.A. ANNUAL MEETING, NEW YORK CITY, JUNE 20-24

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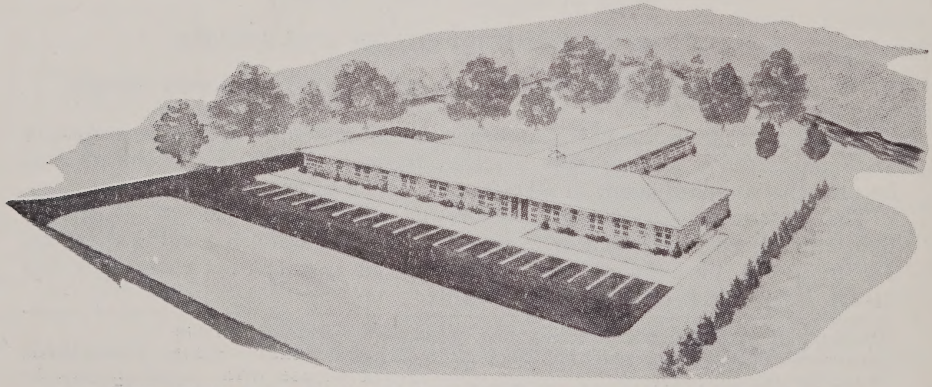

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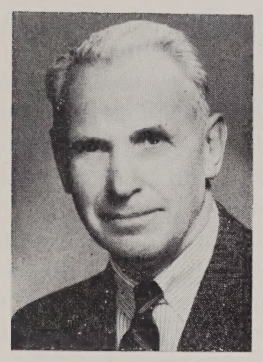
President's Page



CRYSTAL GAZING

Instead of recapitulating past achievements I'm going to gaze into the cyrstal ball to see what lies ahead for our Society. Although largely speculating, I can nevertheless visualize the following:

1. Increased growth from our present membership of over 500, although I realize that size alone is inconsequential
2. Increased participation in Society affairs on the part of our entire membership. During the past year our meeting attendance averaged 190; this will and should increase steadily.
3. Increased participation in health affairs (local, state and national), especially in the field of preventive medicine.
4. Increased participation in the health education of the public through our well organized Speakers' Bureau.
5. Increased interest in health legislation at both state and national levels.
6. Increased cooperation with our parent organizations, the MMS and the AMA.

Most of all I can visualize continued programs under the leadership of our incoming president, Dr. Burkhardt. I sincerely hope that he will be favored with the same support and cooperation that I was privileged to receive during my term of office which is due to expire at the end of the Annual Meeting of the MMS (May 20).

In the meantime I'm anxious to express my sincere thanks to every member of the Society and especially to our committee men. I'm anxious also to wish the best of luck to my successor and our next president, Dr. Henry Burkhardt.

Theodore R. Miner, M.D.

COMMITTEE ON MALPRACTICE AND MEDICO-LEGAL

(Annual Report, 1965)

For perhaps the first time in many years, at least since 1961, an entire yearly period has passed without a single official complaint being received either by the District Medical Society or by the County Bar Association. Perhaps the entire Membership might not be in total agreement but it would appear, on the surface at least, that for the moment the relationship between the Medical and Legal Professions is indeed harmonious and serene.

On March 8, a very pleasant meeting was held at District Headquarters. At this gathering, four members of the Legal Committee and two of the Medical Committee were present along with the Executive Secretary, Mrs. Vivian Purdy.

The major sources of disagreement were once again reviewed and it was well agreed that most of the difficulties could well be avoided by a little effort and understanding on the part of the individuals involved. As an important reminder, contractural forms are available at District Headquarters; when properly filled and signed by the Attorney, Physician and Patient, these forms are a great help in preventing misunderstandings when the particular case is finally settled.

It has been suggested by the Legal Committee that because of certain omissions and deficiencies in reports submitted by some physicians, making it difficult for the attorney to properly prepare cases, a list of the important points in Medical Reports should be published in the Hippocrat. Attorney Sherman Fein has kindly offered to gather the more important of these matters in a report which will be published in a future issue.

An effort will again be made to present another Medico-Legal mock trial such as was held in Nov. of 1961 and which was met with much enthusiasm and interest. Because several meetings and considerable time are required for a successful presentation we were agreed that the earliest date would be perhaps in Nov. of this year.

Before this year's Committee terminates activities, a Special Meeting is to be held on or about April 8. This Meeting has been requested by the Springfield Memorial Society and will touch upon both legal and medical problems affecting the area Funeral Directors. These problems they feel are important and apparently need to be clarified and solved.

John E. Yelle, M.D.,
Chairman

WOMAN'S AUXILIARY

(Annual Report, 1965)

In that no problems arose, no meetings were held with the Woman's Auxiliary Committee. Therefore, a status of peaceful coexistence exists.

Irving H. Steinberg, M.D.,
Chairman

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The Annual Meeting of The Hampden District Medical Society

TIME: Tuesday, April 27, 1965

Business Meeting 6:30 P.M., followed by Social Hour,

Dinner (Courtesy of Society)

PLACE: Shaker Farms Country Club

Westfield, Mass.

AGENDA: Annual Reports of Officers and Committees

Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Harry N. Memery,

Secretary

Blue Shield Professional Service Committee

(Annual Report, 1965)

In the March issue of the Hampden Hippocrat a resume was published regarding a meeting which your chairman attended in Boston in December of 1964. Mention was made of the "Hospital Profiles", a study carried out by Blue Cross regarding "What is Necessary Hospital Care?" This film as well as a discussion of a particular hospital profile is available to every hospital in the Commonwealth of Massachusetts. A date can be set for a presentation by Blue Cross officials by merely writing to Blue Cross and asking for a presentation of the film and the appropriate "hospital profile". This was done recently by the Wesson Memorial Hospital and proved to be a very enlightening evening. The profile which is left for the hospital administrator and the president of the medical staff can serve as an extremely valuable adjunct to both the Medical Audit and the Utilization Committees.

Senate Bill #248

In the March issue also, mention was made of S248 regarding an attempt by State Legislature to change the Enabling Act of Blue Shield. As you have gathered from the communications from Blue Shield and in various publications, this piece of legislation is not to the best interest of the physician. To quote the "Massachusetts Physician", "these drastic changes appear to be designed to harass the physician and to impugn his honesty and judgment. They are unnecessary. The Massachusetts Blue Shield Plan is an outstanding plan in the country, and its successful performance is due in no small part to the physicians who support it. Senate #248 should be opposed vigorously".

Your Blue Shield committee has written letters to all of the State Senators and Representatives indicating rather firmly but politely that, indeed, we are vigorously opposed to this proposed bit of legislation. A public hearing of S248 was held on March 3, 1965. Doctors Baty, Ross, Nickerson, Webster, McCann, and McKittrick, all spoke on the aspects of the proposed legislation which were felt to be inimical to the best interests of the medical profession. The committee voted to refer the bill for further study by a re[illegible]cess commission. The composition of th[illegible] commission has not as yet been determined. Your committee urges you to oppose this bill vigorously, since there apparently will still be some time before any definitive action is taken. Please write to your Legislators!

In January of 1964, a survey was conducted by the Hampden District Blue Shield Professional Committee regarding Blue Shield. Eight questions were asked and the responses were then tabulated and presented in the "Hampden Hippocrat." As a result of the questionnaire, thirteen suggestions regarding improvement in Blue Shield were made and these were submitted both to the Central Profession-

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APPLY NOW — SHORT CHARTER ENROLLMENT

al Service Committee in Boston and to Dr. Charles Hayden, Executive Director of Blue Shield. Although a number of the suggestions appeared to have been answered one way or another, the Society as a whole should know the ultimate fate of these suggestions. Your Chairman recently communicated with the Director's office in Blue Shield and on March 16, 1965, a complete reply was mailed to me by Mr. L. T. Reed, Assistant Executive Director. I submit each suggestion made by your committee with the corresponding answer as given to me by Blue Shield. To save space I have shortened some of the Suggestions we made and the replies I received.

The 13 Suggestions

1. Raise Blue Shield Fees - Answer: 1) "Everyone associated with Blue Shield recognizes the valid need for an increase in the Schedule of Fees. But everyone, and particularly the Central Professional Service Committee of the Board of Directors, realizes the futility of filing for such an increase without first having undertaken a state-wide survey of prevailing fees. This is in recognition of the opinion of the Commissioner of Insurance, supported in part by the Supreme Court, in denying Blue Shield's petition for a new Schedule of Fees in 1961. Plans for such a survey are being formulated now, and more will be heard in regard to it."

Recently, the members of the Hampden District Blue Shield Committee submitted to Blue Shield a list of all of the operations appearing in the Blue Shield Fee Schedule with charges which we make ordinarily in our offices. These were filled out by all of the members of all of the Professional Service Committees in the Commonwealth.

2. Separate Fee Schedule for Surgical Assistance Fees. - Answer 2) "On February 12th, the Council of the Massachusetts Medical Society adopted a resolution, which in part embodied your group's recommendation dealing with a separate payment for assistants. This resolution subsequently was endorsed by the Blue Shield Fee Committee, and it is now pending before the Central Professional Service Committee of the Blue Shield Board of Directors." This group will consider this item, when a revision of the Subscriber's Certificate and Fee Schedule comes before them for action.

3. That provisions for after-care be scuttled. - Answer: 3) This suggestion is presently awaiting group consideration by the C.P.S.C. when a revision is made.

4. That annual or semi-annual meetings at District Society level be held with representatives from Blue Shield. - Answer: 4) "Blue Shield would be delighted to have a representative present at a meeting of each District Society at least once each year, but prefers to await invitations

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5. Provisions for diagnostic laboratory work-up on an outpatient basis. - Answer: 5) Presently being studied by the C.P.S.C. and will come up for action when there is a revision of the Subscriber's Certificate and Fee Schedule.

6. That subscribers be better informed of the content of their policies and that they know exactly what their policies do and do not cover. - Answer: 6) "This is a problem which is as old as Blue Shield itself. Much descriptive material has been and will continue to be made available to our members. The problem is getting them to read, comprehend, and retain the information. Our most recent major activity in this area was the establishment of our Members' Information Center in 1964 to provide the public with direct access to a corps of trained information specialists, and we feel that this has helped considerably."

7. Better public relations. - Answer: 7) "Improving our public relations is a subject to which we are giving more time, thought, and effort. In this area, particularly, however, Blue Shield must depend to a large extent on the continued cooperation of the medical profession itself."

8. Devise a method which would more easily delineate the income status of the subscriber. - Answer: 8) "In the hope of minimizing any such embarrassment nearly one million copies of the attached Service Benefit Descriptive Pamphlet were distributed to Blue Shield subscribers and made available in quantity to the offices of Participating Physicians. At every opportunity all Blue Shield personnel continue to urge subscribers to initiate, where appropriate to do so, a frank discussion of their financial status with the physician concerned."

In going over the descriptive pamphlet it is very clearly delineated, if read, under what circumstances a patient would qualify for "Service Benefits".

9. That Blue Cross and Blue Shield be dissociated, premium-wise, in the eyes of the public. - Answer: 9) "Blue Cross and Blue Shield premium amounts are shown separately on quarterly bills sent to non-group subscribers. Where employers are paying all or a substantial part of the premiums, a similar separation has not been practical for the group members. Billing at different times would, of course, double the amount of work involved and double the cost of operating this area of our operation."

10. That the problem of consultation be reviewed. - Answer: 10) "This is presently in review by the C.P.S.C. and should come up for action when the Subscriber's Certificate is revised.

11. That quarterly meetings of Blue Shield District Chairmen be resumed with an eye to keeping their respective Districts better informed. - Answer: 11) "More frequent meetings with the District Chairmen certainly would be desirable on our part, although we recognize the problems of scheduling and the availability of the physicians themselves. As a partial substitute we have initiated a new publication, **"Pertinent Information"**, which will be sent periodically to all Dis-

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trict Professional Service Committee members in order to keep them better informed with respect to Blue Shield."

Your committee thinks that this would be something that could easily be abstracted and put into the Hampden Hippocrat.

12. Full coverage of multiple operations. - Answer: 12) This, too, is under consideration by the Central Professional Service Committee and will come up for a review when the Certificate is revised.

13. That more attention be given to the discipline of doctors who misuse Blue Shield. - Answer: 13) "The matter of discipline has been tightened up by the Central Professional Service Committee over the past several years. We anticipate that more effort will be made in this area with the evolution of the 'Doctors' Profile', the planning and format which now has been completed."

Two Additional Questions

Two other questions were submitted by your chairman for an answer by Blue Shield, i.e., 1) "Is the public sufficiently informed that the Blue Shield Fees are in general below those customarily charged?" - Answer: 1) "When discussing the Blue Shield Fee Schedule with individuals, we make it a point to inform them that Blue Shield allowances are generally below the fees charged by physicians to non-subscribing patients, and also make it clear to them that the payment of a specific fee should not be construed as an attempt by Blue Shield to fix the value of a physician's service. We have not conveyed this idea in our advertising or widely distributed enrollment literature since it is a subject upon which it is difficult to generalize on a state-wide basis, procedure by procedure. Interestingly enough, we do know that the customary charges made by a number of physicians in various areas, generally would not exceed Blue Shield's allowances."

2) "Why, in Massachusetts, unlike many other states, direct payment cannot be made to the patients whose physicians are non-participating members?" - Answer: 2) "The Blue Shield Enabling Act calls for payments to be made to Participating Physicians only, except for an emergency situation. The sponsors of Massachusetts Blue Shield recognized the disadvantageous circumstances which had come about in other states and saw to it that the Legislation enacted here covered the point clearly."

As more information becomes available relative to the presently unanswered suggestions, this will be published in ensuing issues of the Hampden Hippocrat.

Doctor-patient Blue Shield grievances were essentially non-existent during the past year. (At least we received no complaints!)

Although not specifically mentioned by Mr. Reed in his letter to me, new to the physicians is the "Newsletter", published monthly by Blue Shield and distributed to all District members. This has been providing an excellent short digest of pertinent matters.

The committee has enjoyed serving its society and wishes to thank the President, Dr. Theodore Miner, for this privilege.

Walter J. J. Nero, M.D., Chairman

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COMMITTEE ON HEALTH AND ACCIDENT INSURANCE

(Annual Report, 1965)

At the present time a group Health and Accident Insurance Program for our membership is in force with the Hartford Accident and Indemnity Company and administered by the Lessere-Wertheim, Inc. In the year ending January 15, 1965 the total premium collected is $81,629.00. There have been 34 claims in the amount of $65,938.86. Thus the loss ratio (claims amount to total premiums collected) is 80.7%. The loss ratio for 3 year period since this program began on January 15, 1962 is 64.8%. During the first year of this plan the loss ratio was only 44%, but rose to 70.2% the second year and in the third year became 80.7%. The original understanding with the company was that either benefits would be increased or premiums reduced depending on the loss ratio over a three year period. During the first year the loss ratio was so low that we were sure that increased benefits would be received. However, the company considers the overall experience as just "fair" and is understandably concerned about the trend in loss ratio which appears to be rising. Accordingly any plan improvements have been deferred for the present, but the same policy will remain in force unchanged.

During the past year the committee has studied several group insurance plans for the benefit of our members. A group business overhead insurance plan and also a group life insurance plan have been approved by the committee. An enrollment campaign is planned for the spring. These plans are intended to be added to the existing health and accident insurance plan.

The attention of the membership is called to the fact that our members have been solicited by W. L. Bell & Co., Inc. for an insurance plan underwritten by the National Casualty Co. The present Insurance Committee has not endorsed this plan, and members responding to the solicitation of the company should understand that the plan is not at present being sponsored by the Hampden District Medical Society.

H. Bernard Tillman, M.D.,
Chairman

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IN MEMORIAM

SETH A. LEWIS, M.D.

Dr. Seth A. Lewis of Springfield died in Rumson, New Jersey, on April 2, 1965.

Born in Boston, Mass. on May 13, 1878, Dr. Lewis graduated from Boston University School of Medicine at the turn of the century in 1900 and came to Springfield shortly thereafter bringing with him the characteristic wit and determination of his Mayflower ancestors. He settled on North Main St. in a home which also served him as an office and which was never closed until 1963 when he retired from the active practice of medicine. In more than three score years of practice, Dr. Lewis epitomized the family physician and was so appropriately honored as the "general practitioner of the year" in 1960 by the Hampden District Medical Society.

Dr. Lewis served on the medical staff of the Springfield Hospital for many years. He was a member of the American Medical Association, the Mass. Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine.

Deepest sympathy is hereby extended to the surviving members of his family and to his many friends and associates.

YOUR COMMITTEE OF CHOICE

For the fourth time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Harry Memery, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees appointed by the president.

Henry Burkhardt, M.D.,
Vice President and President-Elect

ON TO BOSTON

to attend the

Annual Meeting

of the

Mass. Medical Society

TIME: MAY 18, 19 and 20

PLACE: Statler Hilton Hotel, Boston

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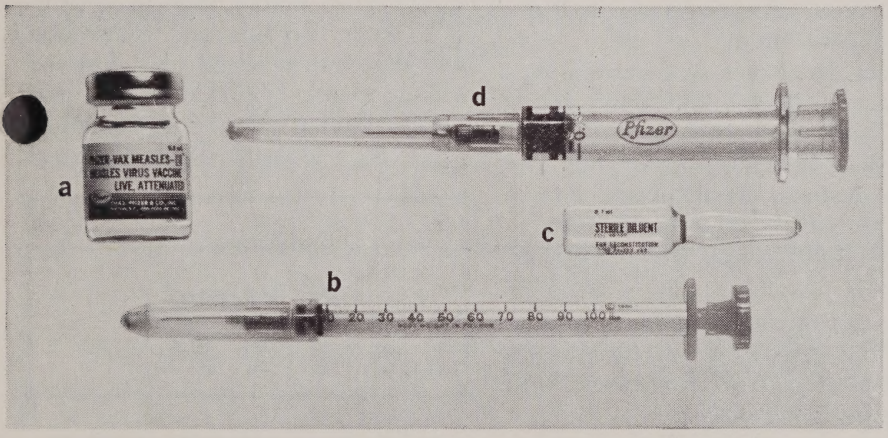
(b) one sterile specially calibrated syringe with needle Designed for administration of measles-immune globulin, the syringe is marked off in fractions of a ml., with equivalent body weights. Any measles-immune globulin of your choice may be used. With this disposable syringe you need only draw up to the mark corresponding to the weight of the child and inject into the opposite deltoid muscle immediately after the vaccine has been administered.

(c) one 0.7 ml. ampule of sterile diluent for reconstitution. This diluent need not be refrigerated, and must not be frozen.

(d) one sterile disposable syringe with needle calibrated for reconstitution and administration of the vaccine itself.



Contraindicated: In acute illness, cerebral damage, and in children with a history of febrile convulsions; in malignant disease, tuberculosis, and during any therapy that depresses resistance; in pregnant women; and where marked egg sensitivity exists.

Warning: There should be at least a one-month interval between administration of live measles vaccine and any other previously administered live vaccine. Inoculation should be deferred if gamma-globulin or a blood transfusion has been administered within the preceding six weeks.

Precautions: The possibility of hypersensitivity to neomycin (up to 50 mcg. per dose) should be considered. During an outbreak of poliomyelitis, inoculations should be deferred. Not indicated for German measles (rubella).

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COMMITTEE ON PUBLIC HEALTH
(Annual Report, 1965)

Throughout the past year your Public Health Committee has become more conscious of the need for immunization of adults, as well as children, against Diphtheria and Tetanus. One meeting was held with representatives of the State Health Department and Vaccination Assistance Program, where statistical data presented eliminated doubt that a real need exists. The committee feels that immunization of appreciable numbers of the adult population in Hampden District can be accomplished if the physician seeing private patients is aware of this need.

The program during Diabetes Detection Week was once again well organized and productive under your chairman, Dr. Louis A. Izenstein. Approximately 10,000 kits were distributed with the cooperation of the Springfield Druggists Association and local industries. Accumulated data is being processed for a final report.

Community Health Week was observed in November with a series of articles appearing in the local newspapers. This week will be officially observed in 1965 from November 7 - 13 with plans being made.

Other subjects brought before the committee which were thought to be of general interest to the members of the Hampden District were:

1. Glaucoma Detection Clinics
2. Sex Education to the young people of the district.
3. Present programs for evaluation of nursing homes.
4. Other subjects were discussed but no conclusions reached at this time.

David E. Booker, M.D.,
Chairman

BY-LAWS COMMITTEE
(Annual Report, 1965)

Since the last Annual Meeting the By-Laws Committee formulated seven amendments. One of these (Chapter VII, Section 2) was adopted at the meeting of December 1, 1964. The other six are to be voted on at the Annual Meeting. They are published in the April issue of the Hippocrat. Five of these concern themselves with changing long-standing "special" committees to the status of "standing" committees.

The existing by-laws were revised in 1961. Since then more than twenty amendments have been adopted. For easier reference these amendments will be catalogued shortly, each in its proper Chapter, Section, and Subsection. Following this, it would seem desirable to issue a new edition of the by-laws for distribution to the membership.

Max Millman, M.D., Chairman

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ACADEMY

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, MAY 11, 8:30 P.M.

Speaker:	HERBERT MESCON, M.D. Professor and Head of Department Dermatology Boston University School of Medicine
TOPIC:	"INCREASING SYPHILIS AS A COMMUNITY PROBLEM"
Place:	Auditorium, Municipal Hospital Springfield
Hospital Clinic:	Springfield Hospital

ATTEND THE

AMA (114th) Convention

June 20--24

New York City

MEDICO-RELIGIOUS COMMITTEE

(Annual Report, 1965)

The Medico-Religious Committee of district society was composed during this last year of the following members:

Rev. Robert L. Howell, Rt. Rev. Msgr. Joseph A. Russell, Rev. Clayton J. Steele, Rev. Paul Woodbury, Jr., Rev. Walter E. Menzel, and Rabbi Alex Weisfogel.

Doctor members consisted of: Robert G. Ernst, William N. Hill, Jr., Garry DeN. Hough, III, Louis Izenstein, James Fitzpatrick, Harry Michelson, Francis Teta, and John J. Bandeian.

We met at the district headquarters more or less on a monthly basis and had considerable amounts of discussion on various subjects going into depth to considerable extent. Our main theme constantly was the patient: the treatment of the patient as a whole, treating of his body as well as his spiritual and emotional self. The subject matters included such questions as confidential information imparted to the patient or to the clergy, dealing with problems that arise from certain religious sects such as Jehovah's Witnesses and the treatment of minors, adults, in time of urgent emergency and the unborn child of this religious sect. The problems of autopsy examinations from the different religions and medical points of view, as well as the willing of the body to medical schools after death were discussed in considerable depth. Other subjects included such diverse items as when to refer to psychiatrist, bewildered patients, how to motivate disillusioned patients, the problem of compensationitis and the problem of adopting children from the point of medical, religious, social standpoint. At one meeting we had members of the Springfield Memorial Society as guests who participated in the discussions with us on problems related to the dying person. By and large, the meetings were well attended, and there was usually excellent rapport between not only the doctor and the clergyman, b[illegible] also members of the different re[illegible]gious sects. Indeed, some members of the group dubbed the meeting as being a little ecumenical council.

John J. Bandeian, M.D.,
Chairman

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Choice of 21 delicious delicacies fresh from the sea. Your favorite's among them. Join us?

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BY-LAWS COMMITTEE

The By-Laws Committee recommends the adoption of the amendments published below. They are to be voted on at the next meeting, April 27, 1965.

Amendments by Addition to Chapter VII (Committees)

PURPOSE: To convert five committees from "special" to "standing" status. These committees have proved their usefulness over a period of several years.

These amendements were formulated on the recommendation of the Executive Committee.

If adopted, these amendments will read as follows:

Section 14. Committee on Members' Insurance Programs.

This committee shall consist of a chairman and at least four other members, appointed by the president.

(a) It shall study and recommend to the society insurance programs.

(b) It shall consider all insurance programs referred to it by the Society.

(c) It shall confer, when requested, with members on matters pertaining to insurance programs.

Section 15. Committee on Emergency Medical Service

This committee shall consist of a chairman and at least four other members appointed by the president.

(a) It shall recommend to the Society methods for providing and maintaining emergency medical service in the several communities of the District.

(b) It shall consider all emergency medical service measures referred to it by the Society.

(c) It shall report to the Executive Committee all emergency service derelections of duty on the part of any member of the Society.

Section 16. Committee on Medico-Religious Affairs

This committee shall consist of a chairman and at least four other members, appointed by the president.

(a) It shall confer with clergy of the various faiths in the area for the purpose of rendering the patient not only physical but also mental, spir-

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itual, and social care.

Section 17. Disaster Medical Care Committee

It shall consist of a chairman and one representative from each of the hospitals in the District, appointed by the president. The chairman shall be a member ex-officio of the Committee on Disaster Medical Care of the Massachusetts Medical Society.

(a) It shall consider all matters on disaster medical care referred to it by the Society or by the Committee on Disaster Medical Care of the Massachusetts Medical Society.

Section 18. Auditing Committee

This committee shall consist of two members, who are not officers of the Society, appointed by the president.

(a) It shall, at the close of the fiscal year, verify the books and accounts of the treasurer.

(b) It shall report its findings at the annual meeting of the Society.

Amendment to Chapter VII, Section 8 (Woman's Auxiliary Committee)

PURPOSE: To define the functions and purposes of the Woman's Auxiliary Committee and to reorganize it in such a manner as to include as ex-officio members the chairmen of the Legislative and of the Public-Relations Committees.

If adopted, this amendment will read as follows:

Section 8. Woman's Auxiliary Committee

This committee shall consist of a chairman appointed by the President, the chairman of the Public-Relations Committee or his representative, and the chairman of the Legislative Committee or his representative.

(a) It shall serve as liaison between the Society and the Woman's Auxiliary to the Hampden District Medical Society.

(b) It shall confer, when requested by the Auxiliary, on matters pertaining to the Society.

Max Millman, M.D.
Chairman

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ANNUAL REPORT OF THE SECRETARY (1964 - 1965)

The Hampden District Medical Society has a membership of 506: active fellows, 443; senior fellows, 63. During the past year 15 physicians have joined the society, and 5 fellows have transferred from other districts to Hampden. On the debit side, 8 fellows have transferred to other districts and other state societies, and 7 physicians have died.

The average attendance at district meetings has been 190. The Anniversary Dinner was a complete success due to the efforts of President Miner and Mrs. Vivian M. Purdy, Executive Secretary.

Members who have had any contact at all with the district office appreciate the terrific job our Executive Secretary is doing. Chiefly through her efforts Hampden District is now well known and is in frequent contact with the executives of the AMA, and the MMS.

Hampden has a live office turning out information to physicians and the public constantly. If you haven't visited the office, you should, just to get the feeling of enthusiasm and pride in your professional society.

Harry N. Memery, M.D.,
Secretary

COMMITTEE ON INSURANCE RELATIONS & INDUSTRIAL ACCIDENTS

This committee has had several meetings during the past year. Meetings have been held with representatives of organized labor and also to revise the Relative Value Schedule.

It is felt that meetings with representatives of organized labor have been particularly valuable in promoting better understanding between labor and the Society. These meetings are held usually at the request of labor groups. Sometimes they have specific complaints. On other occasions they are merely seeking information. The representatives of labor are particularly concerned with the types of health accident insurance that they should try to obtain for their members when they go into collective bargaining sessions with employers. Therefore, they have been much interested in the Relative Value Schedule. One meeting was concerned largely with a discussion of fees for anesthesia. At the same meeting a complaint was heard that some physicians had contracted to build medical buildings and offices with contractors who paid less than union scale. The point was made by the representatives of the union that by specifying in a contract that union scale wages would be paid, a higher standard of

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workmanship was apt to be obtained. It was also pointed out that it is the unions who are, to a large extent, responsible for the negotiation of health accident policies from which members of the medical profession receive a considerable proportion of their fees. Our committee pointed out that the Society had no control over the private contracts of its members. It was agreed, however, that we would bring the viewpoint of the unions to the attention of the members of the Society.

The revision of the Relative Value Schedule is as yet incomplete. We hope to complete the revision before the Annual meeting.

William Mosig, M.D.,
Chairman

LEGISLATIVE COMMITTEE
(Annual Report, 1965)

Regular legislative meetings have been attended by your chairman in Boston. The March issue of the Hampden Hippocrat published recent legislation of interest to you.

Your cooperation is requested when asked to write to legislators at any time.

Robert Emery, M.D.,
Chairman

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EMERGENCY MEDICAL SERVICE COMMITTEE
(Annual Report, 1965)

The Emergency Medical Service has continued to function relatively smoothly and without major incident during the past year. Although the total number of incoming calls received by the service was 1163, through careful screening, the number of calls actually referred to the doctor has averaged between 6 and 7 per month. The majority of the other calls were referred back to their own physician or directly to the emergency ward of one of the hospitals. Requests for dental service continue to constitute about 10% of the incoming calls.

One major area of change in the service was recommended by the committee and was tentatively approved by the Executive Committee, namely a consolidation of the Chicopee Emergency Service and the Indian Orchard Service into the Springfield Area. This change was necessitated by the steady reduction of available doctors in these areas, with the result that the Chicopee doctors will soon be required to take 14 tours of duty per year as compared to approximately two tours in Springfield. The actual number of calls made averages less than 3 per month, and thus makes this operation impractical. The consolidation of the Indian Orchard area is more theoretical than actual inasmuch as the service has averaged between 1 and 2 calls per month and no actual calls were made by the doctor on duty in

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many months. It should be emphasized that about three fifths of the Chicopee area is a part of the Holyoke Service and only Chicopee and Chicopee Falls will be brought into the Springfield service.

The Emergency Medical Service is performing a vital community service and is the result of active participation of every eligible member of the Society. Although the individual effort required of each member is very minimal, the aggregate benefits to the Society in terms of public relations are indeed considerable.

B. A. Galuszka, M.D.
Chairman

THE SPRINGFIELD HOSPITAL

Pediatric Guest Speaker Program

Thursday, May 13, 1965
Auditorium - Springfield Hospital

5:00 P.M. Clinical Session
6:00 P.M. Pediatric Rounds
6:30 P.M. Dinner
8:00 P.M. Speaker,
PAUL R. PATTERSON, M.D.

Professor and Chairman, Department of Pediatrics, Albany Medical College, Albany, New York.

Subject: "Sex Education for Children"

WRITE NOW!

"Please write your State Senator and State Representatives urging that they oppose S 248. (Refer to S 248 — the Blue Shield bill, and outline briefly your objections.)"

From a letter every member received from Dr. James M. Baty, President, MMS under date of February 13, 1965.

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(calcium 78 mg.)
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"THE MAYO CLINIC DIET"

The scourge of diet faddism is nothing new, but apparently has never been as rampant as at the present time. Whereas in the past the unwary would be exposed to one or two at a time, today diet gimmicks are a dime a dozen, especially, it would seem, in our part of the country.

The most preposterous of the current crop are two diet fads each of which is not only nutritionally unsound but is also factitiously referred to as "The Mayo Clinic Diet".

The Hippocrat is grateful to the Mayo Clinic for permission to publicize its unequivocal repudiation of the misleading claims and references of the so-called Mayo Clinic diets. The letter, below, speaks for itself.

Editor

Dear Doctor:

Your letter was referred to me as Chairman of the Committee on Dietetics. I have had many inquiries about various types of so-called Mayo Clinic Diets, Egg Diets, Reducing Diets, etc., for a number of years, but they have increased in frequency in recent months, and especially from your part of the country.

All of these diets of which we have heard and which we have had a chance to see have had their origins somewhere other than the Mayo Clinic. There is no resemblance whatsoever to any of these diets and diets in use at the Mayo Clinic or its associated hospitals. As far as we can tell, they are fallacious in concept and we know of no special value they have.

I have no objection if you would care to inform your patients and your professional colleagues that none of these diets came from the Mayo Clilnic or bear any resemblance to those employed by us.

Thank you very much for your inquiry. I hope I have answered your questions.

Sincerely yours,
H. N. Hoffman, M.D.
Mayo Clinic
Rochester, Minnesota

March 3, 1965

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CORRESPONDENCE

GREETINGS FROM DR. WARD

Dear Hippocrat

Thank you so much for your kindness in sending me the January and February copies of the Hampden Hippocrat.

It was a pleasure meeting you and especially to be present on the occasion of the 125th Anniversary of the Hampden District Medical Society.

Please accept my best wishes and extend same to all the members of your Society.

Sincerely,
Donovan F. Ward, M.D.
President AMA

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CARDIOLOGY SEMINAR

Dear Hippocrat:

Dr. Norcross, Chairman of the Professional Education Committee of Western Chapter, Massachusetts Heart Association has asked that I write you to see if an announcement of our physicians' seminar could be included in your publication to the Hampden County Medical Society.

On May 12 and 13, 1965 we will sponsor the George L. Steele Memorial Lecture. This year Dr. Benedict F. Massell, Director of Research, House of the Good Samaritan, Children's Hospital Medical Center, Boston, assisted by Dr. Edward C. Lambert, Chief of Cardiac Division, Children's Hospital, Buffalo, N. Y. and Dr. W. F. Bernhard, Associate Surgeon, Children's Hospital Medical Center, Boston, Mass. will present a symposium on recent advances in rheumatic and congenital heart disease.

This will be held at the Field House of Massachusetts Mutual Life Insurance Company, 1295 State Street.

All physicians in Hampden, Hampshire and Franklin Counties are invited. Registration fee is $10. Reservations must be made with the Western Chapter, Massachusetts Heart Association, 145 State Street, Springfield.

Cordially,
Mrs. Russell Bates
Administrative Assistant

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HAMPDEN CAPSULES

Over 9,000 pieces of mail have been sent out of the Hampden District office during the past year.

— —

Office Removal

Dr. Cyril Shea, Jr. from 20 Maple St. to 76 Maple St., Springfield.

— —

From our Speakers' Bureau:

DR. HOLT on WACE Friday, March 19; on WARE Wednesday, March 24 - "Sound Off".

— —

DR. SUSAT on WHYN TV with Barbara Bernard March 19; on WARE Wednesday, March 31 - "Sound Off".

— —

DR. MILLS talked to members of the American Nurses Association in Westfield on Monday, March 22.

— —

DR. WHITNEY prepared a program through Friends of Rehabilitation with three doctors from Boston as main speakers.

— —

DR. EMERY participating in panel at Zonta Club. In attendance, Dr. LaMarche, Ted Chilcoat, Field Representative from AMA and Mrs. Purdy.

Doctors showing "The Innocent Party" and "Human Growth" for the health department: Dr. Sinish, March 21, First Church of Longmeadow; Dr. Tauber and Dr. Bellin.

— —

DR. SOARES participated in Panel at Baptist Church in Palmer, March 17.

— —

DR. BOB EMERY spoke on Eldercare at Jewish Community Center March 23.

— —

MRS. PURDY attended a meeting of the Hartford County Medical Association on Sunday, March 14 at the Statler in Hartford. Panel discussion held on Eldercare with Mr. Pettingil, Mr. Chilcoat, AMA field representative, and Dr. Friedberg, legislative Chairman for Hartford Medical Association on the panel and Dr. Bradon, President, introducing the speakers.

— —

Committee Meetings Scheduled for April

Emergency Medical Service
Mental Health
Executive
Pre-Council
Public Health
Medico-Religious

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SHALL WE SKI AFTER 50?

Dr. Robert O'Malley of Holyoke, who, among other things, is Medical Advisor for the Mt. Tom Ski area, believes persons over 50 should not take up skiing.

He said so in an article published about a year ago in the Medical Tribune.

Three elderly gentlemen, one of whom was Dr. Merritt H. Stiles of Spokane, Washington, disagreed with Dr. O'Malley, who is in his forty's, and challenged him to a ski race at Sandpoint, Idaho.

Dr. O'Malley accepted.

And so, on Sunday, March 14, they all took to the slopes.

The three Northwesterners, ages 58, 64, and 67, demonstrated that age was not always a barrier to good skiing.

"Fantastic!" is the way Dr. O'Malley described their performance.

Dr. O'Malley was impressed, but not convinced.

He still feels that the average person, especially if he is soft, flabby and poorly conditioned, should not take up skiing after he has passed his fiftieth birthday. Why flirt with a fractured hip?

* * *

The above received national, and, who knows, perhaps also international. press coverage.

The first Jewish physician to settle in the Springfield area was not Dr. Wilinsky, as reported in the January issue of the Hippocrat, but Dr. Charles C. Henin who settled here in 1895. Dr. Wilinsky came here in 1897.

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If it is newsworthy and medical, the Hippocrat would like to hear about it.

AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 18, 19, and 20. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

PUBLIC RELATIONS COMMITTEE
(Annual Report, 1965)

This committee, I feel, has had a long hard year. We had much to fight. However, I feel that we had, for the first time, a positive approach to the care of the elderly. This was and still is necessary to combat governmental control of medicine.

In order to prepare ourselves for this job, the public relations chairman attended a Public Relations Institute in Chicago in August. Upon return to work in September, the committee was broken down into sub-groups each with a member in charge of a specific medium of news, plus two men to keep the medical profession itself informed on these matters.

Thereafter, monthly meetings were held and we were fortunate to obtain the services of a professional public relations man, Mr. Hammond to work with us, gratis. A major meeting was set up and held in November with all news media, per instructions of Mr. Hammond.

At this meeting we made, what we felt, was a positive approach and offered the news people a list of men in every specialty for immediate contacting for specific news events. Also we offered a series of forums for television auditorium use and recommended a code of ethics and conduct to them.

As a result of the above, Channel 22 gave us the opportunity on December 13, 1964 and February 14, 1965 to present our side of the rising cost of medical care. Much good publicity too, and instruction of the public ensued.

The highlight of our year was Dr. Donovan Ward's presence in early February and his effective and informative press interview. His public appearance at our anniversary dinner was also extremely well covered by the news media with much education of the new Eldercare program, for both the doctor and the public.

At the present time, we are engaged in newspaper, radio and television work for the furthering of the Eldercare program. Here, I have to give a real special word of thanks to our Auxiliary for the fine job it is now doing to spread the good work on Eldercare.

I wish to thank most deeply our executive secretary, Mrs. Vivian Purdy, for all her long hours, hard work and efforts to help us on this committee. I wish to thank, too, those members of my committee who have wholeheartedly given of their knowledge, effort and time. I would also like to thank those members of our district society, although no members of this committee, who have given speeches, talked to their patients and have placed public relations material in their offices.

As to the future, I hope that our next committee proceeds to build upon our foundation in improving the doctor's image.

Robert N. LaMarche, M.D.,
Chairman

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DISASTER MEDICAL CARE COMMITTEE (Annual Report, 1965)

Several discussions have been held with the Springfield Civil Defense Director regarding Civil Defense in general and particularly in regard to the part that would be played by the HDMS during a disaster in this area. From the individual physician's standpoint, disaster planning can be broken down basically into two facets: the first has to do with the overall medical care in this district; and the second, the part each hospital is to play both in regard to an overall disaster involving the area and the individual hospital's preparations for disaster and its effect upon the particular hospital and its staff.

It is important from superficial investigation, at least, that one or two of the hospitals in the district have been making commendable strides in the direction of disaster planning, while others have done very little in this regard. This is a vital matter that should be looked into carefully both by the Administration and the medical staff of each hospital.

It is urgently recommended that each hospital create a good disaster program and hold a disaster drill. Reports available from various sections of the country have indicated repeatedly that the hospital which has a disaster program, is far better able to handle such a disaster in time of need than the hospital which has done no planning.

From the general Civil Defense standpoint, much progress has been made here recently, particularly because of the enthusiasm and ability of our present Civil Defense Director, Mr. Richard Shepardson. He has recently been instrumental in establishing a set of 32 sirens scattered throughout the area which will be given their first test in a few weeks. Springfield is also now being connected to the National Warning System as are eight other communities in the State of Massachusetts. This National Warning System means that Springfield would be notified by direct line from Colorado Springs and in time of national disaster would give us more immediate information and warning. The National Warning System is expected to be operational by May of this year.

Of greatest interest, however is the new Emergency Hospital which has just been allotted to the Springfield area, and stored in the Municipal Hospital, for use in time of local or national disasters that could not be handled entirely by the local hospitals. This 200 bed emergency hospital is in addition to the emergency hospitals already stored in Blandford and Monson. It is of newer design and is estimated to cost about $45,000. This hospital, consisting of 640 cases, includes: beds, linens, housekeeping supplies, x-ray unit, laboratory, operating room, anesthesia, instruments, sterilization equipment, two generators, 200 cots, etc. This hospital could be set up in any building or out-doors, if need be.

In conclusion, it is the hope of the Springfield Civil Defense Director that a simulated disaster drill can be held

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in this area in the near future, which would utilize and put to a test the various disaster plans in each of the hospitals. It behooves us, therefore, to coordinate and complete our own individual disaster plans in each of the District hospitals preparatory to this drill.

Walter S. Mozden, M.D.,
Chairman

SUPERVISING CENSOR
(Annual Report, 1965)

During the past year 14 candidates for membership in HDMS were examined by the censors in May and December. All were accepted.

An indoctrination dinner meeting for new members was held at the Federal Hill Club on June 2, 1964; 22 were present.

The District is beholden to the officers and committee chairmen who took part in this very successful and highly informative meeting.

Samnuel Potsubay, M.D.,
Chairman

BOARD OF EDITORS
(Annual Report, 1965)

For the eighth time in as many years the Hippocrat continued to appear monthly, except for July and August.

Most of the issues averaged 32-36 pages. A notable exception was the January, 1965 issue which counted no less than 56 pages—by far the largest and costliest number ever published by the Hippocrat. The occasion was the Society's 125th Anniversary which was observed officially at a dinner-meeting on February 2, 1965. In an effort to contribute in some measure to this auspicious occasion the January Hippocrat was dedicated almost entirely to a review of the history of the HDMS from its founding days in 1840 down to the present time.

At its May meeting the Executive Committee elected Dr. Richard C. Sowell as Assistant Business Manager. In January, 1965 Dr. Harold J. Holleran, for personal reasons, resigned as Associate Editor. His resignation was accepted with profound regret by the Board of Editors. At its meeting of March 15, 1965, the Executive Committee elected Dr. Frank S. Mills, Westfield, to replace Dr. Holleran. The Board now enjoys its fullest possible complement and also its best possible geographic representation.

Although financially the Hippocrat again wound up in the red, it nevertheless managed to improve its position somewhat over the preceding year. This improvement was due entirely to the heroic efforts of the Business Manager and his most capable Advertising Director, Mrs. Arthur Willard. Fortunately, the Hippocrat's reserve fund is still favorable enough to absorb last year's minor deficit without too much trauma.

The support received from the officers of the Society, from the chairmen of the various committees and from the membership at large, continued to be a source of great satisfaction to the Board of Editors. The Board is especially grateful to Mrs. Fred Ziter, the Auxiliary's correspondent to the Hippocrat, to Mrs. Vivian M. Purdy, the Society's Executive Secretary, and to our printer—the Elm Tree Press. All contributed magnificently to the success of the Hippocrat during the year 1964-65.

Max Millman, M.D.
Editor-in-Chief

MENTAL HEALTH COMMITTE

(Annual Report, 1965)

The Mental Health Committee has held monthly meetings with good attendance and high interest. Members of the Committee have been active in many phases of Mental Health.

Six members of the Committee are now serving on the Board of Directors of the proposed Mental Health Center which is to be built in Springfield.

The superintendents of the school districts in the Hampden District have been contacted asking their comments on the adequacy of the Mental Health facilities available to them. Replies have been received, and the committee is attempting to encourage all the school systems to expand their Mental Health Programs.

Three members of the Committee attended the Second National Congress on Mental Illness and Health which was held in Chicago under the sponsorship of the American Medical Association.

A Progress Report has been studied from the Massachusetts Mental Health Planning Project.

Eugene G. Boss, Jr., M.D.,
Chairman

SEMI-ANNUAL CANCER TEACHING CLINIC

PLACE: **WESTERN MASSACHUSETTS HOSPITAL, Westfield**

TIME: **MAY 5, 1965; 4:00 - 6:00 p.m.**

SUBJECT: **"THE DIAGNOSIS OF EARLY ORAL MALIGNANCIES"**

SPEAKERS: **PHILIP L. McCARTHY, AB., M.D.**
Asst. Professor of Oral Medicine
Tufts University School of Dental Medicine & Instructor in Dermatology
Harvard University School of Medicine

GERALD SHKLAR, B.Sc., D.D.S., M.S.
Professor of Oral Pathology & Research
Professor of Periodontology
Tufts University School of Dental Medicine

All Physicians & Dentists are invited.

(For attendance, the American Academy of General Practice will give its members two hours of postgraduate study credit - Category II.)

Roland R. Cartier, M.D.
Superintendent

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